traine in the same and the same	1.10 10.00		Date & Time Completed	Done	by	
Date In 36/4/8-18:03	Jcb description		Date & Time Completed	Done	. 0,	
Ref No: NA INC 18021243/24	SAS e-filing					
Veli No: 6048925	E-mail (within	Shrs, AIC 2hrs)				
D.O.A : 26/1/18-13:00	i-Motor Clai	m Form	M7 1021470-001	26/11/18	19:10	
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4brs)					
OB / 17 - Reporting Only	i-Photo Uplo	aded	}			
TD	Assessment/St	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: FB	47935R.	INC ()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () F	Period: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 30	-100%]	ASSESSMENT OF THE PARTY OF THE	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000	()				
General Remarks:		THE SECTION OF	Care Construction Construction	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
() Walk-In Customer : Customer's int	formation strictly Co.	nfidential & Str	ictly NO refer of renaire	LD WARES		
() Total Loss Case : to e-mail Insu		illioential & Str	ictly NO 13ter of repairer	·	-	
		TO / \ T	- in Co. (
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	10();10	owing Co: (,	
Remarks:- (INC horline: 6788 6616)		100	Date& Time Completed	Done	by	
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()		-			
3) Upload Resurvey Photo [Repair Cost > 5						
	\$30001 ()	10 10 10 10			
	\$3000] ()				
Injury:	\$3000] ()	<u></u>			
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Injury: DateTime Actions	3	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fo 4) FT : Follow-Th	variation Checklist Reporting (\$30); Assessment (\$100); INC (se	Anst (\$) Thi Bill \$80) 40/\$45 \$120	Amt(\$)	
Injury: Date Time Actions NA1807711 aimant's Particulars:	3	1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	eration Checklist Reporting (\$30); Assessment (\$100); INC (Anit (\$) Thi Bill \$80) 40/\$45 \$120 \$30	Amt(\$)	
Injury: Date Time Actions NA1807711 aimant's Particulars:- iver/Owner:	1	1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec	raration Checklist Reporting (530); Assessment (5100); INC (se S trough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 20) tion	Anut (\$) 181 Bill 580) 40/545 \$120 \$30 25) \$75	Amt(\$)	
Injury: DateTime Actions NA1807711 laimant's Particulars: iver/Owner:	3	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA:	Paration Checklist Reporting (\$30); Assessment (\$100); INC (Sorrough Survey Frough Survey (Resurvey) Froint INC Only (wef 10 Jan 20); tion SMRT Survey	Anst (\$) fit Bill 580) 40/545 \$120 \$30 05)	Amt(\$)	
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Injury: DateTime Actions NA1807711 laimant's Particulars: iver/Owner:	3	1) AR: Accident 2) DA: Damage A 3) TF: Towing Re 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (se	Ant (5) 78 Bill 580) 40/545 \$120 \$30 25) \$75 \$160	Anit(\$)	
Injury: Date Time Actions NA 1807-11 Inimant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	\$3000]	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD:	Reporting (\$30); Assessment (\$100); INC (se	Ant(\$) 78 Bill \$80) 40/\$45 \$120 \$30 25) \$75 \$160	(Amt(t)	
Injury: Date/Time Actions NA1807411 laimant's Particulars:- iver/Owner: ontact No: imaged Portion: Checked by (Engr-In-Charge):	3	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$25 \$160 \$25 \$35	(Amt(\$)	
Injury: Date Time Actions NA 1807-11 Inimant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	3	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$5 \$15 \$15 \$15 \$160 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	(Amt(\$)	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid,	20
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 18:03
Date Of Accident	26/11/2018 13:00
Exact Location Of Accident	57 UBI AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV4892S
Insured/Policyholder	
Name Of Registered Owner	GALVIN TRADING HOUSE
Co Reg No	25132400A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96826961
Alternative Phone No	OFFICE-96826961
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO 110CDI
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

Policy Number 5091878335-01

Cover Note Number

Driver

 Name of Driver
 YEO KOH SIONG

 NRIC No
 S0169879F

 Date Of Birth
 18/12/1949

 Occupation
 INDOOR

 Date Of Driving Pass
 10/03/1967

Driving Experience 51 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96826961

Fax Number

Contact Number OFFICE-96826961

EMail Address NOEMAIL

BLK 118 LORONG 1 TOA PAYOH Address

#02-431

Postcode 310118

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s) Are accident photos available for attachment?

YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH7935R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver FAKHRUR RAZY BIN AHMAD KAMAL

NRIC/Passport Number S9300991F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CALVIN TRADING HOUSE

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

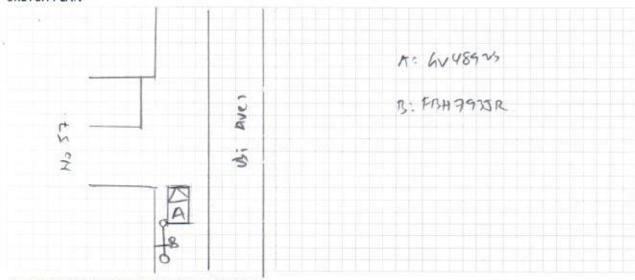
Date & Time:

in ne his

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Hatament.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CALVIN TRADING HOUSE

Policyholder's Signature Date & Time: Driver's Signature 15:06 Ln

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

THE RESERVE OF THE PROPERTY.

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCI	DENT DATE: 126/11/18 (DD/MM/YYYY), TIME:(13 :00)(HH:MM)
LOCA	TION: J7 Uti Ave t.	
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 64 48 945	15 %
	DINSURANCE COMPANY: HTJC	
	C)POLICY NUMBER: 5 09 18 78 355 - 01	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORR	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	
	h) PURPOSE OF USING AT ACCIDENT TIME:	hosting
	IJARE YOU CLAIMING UNDER YOUR OWN INSU	RANGE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	AINAME: Galvin Tonding lause	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: Ust 1324 00 A	CONTACT: 968261
	c)ADDRESS:	
d., 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
the of persongs	DRIVER a) NAME: Yea losh Gong	(MADE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: JS6169879 F	
(7)		yoh \$ 02-431 (310118)
	J	
	*d) DATE OF BIRTH: (18/12 /9/9) (DD/	MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTBOOR)	10 at 15
	f) YEARS OF DRIVING EXPRERIENCE: (9)	
4.	WAS DRIVER AN EMPLOYEE OF THE INSUR	
100	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURLD.
5.	a) WEATHER CONDITION: (CLE) R / RAINING /	OTHERS
4	b)ROAD SURFACE: (DRY)/ WET / OTHERS WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES / NO)	
•	IF YES, PLEASE STATE WHICH POLICE STATION	11
8.	THIRD PARTY VEHICLE	
He of passinger	a) VEHICLE NUMBER: PISH 7935R.	MODEL:
Industing deliver	b) DRIVER'S NAME: FORLIGHT 1924	Bin Ahmad / (ama
(()	c) NRIC/FIN/PASSPORT: 19700991F.	CONTACT:
9.	THIRD PARTY VEHICLE	
the of presenger	d) VEHICLE NUMBER:	MODEL:
Industrial V	e) DRIVER'S NAME:	14
" Lucinsting applied)	f) NRIC/FIN/PASSPORT:	CONTACT:
()		

email = antruesingnet com.sg.

fax =

VIDEO =

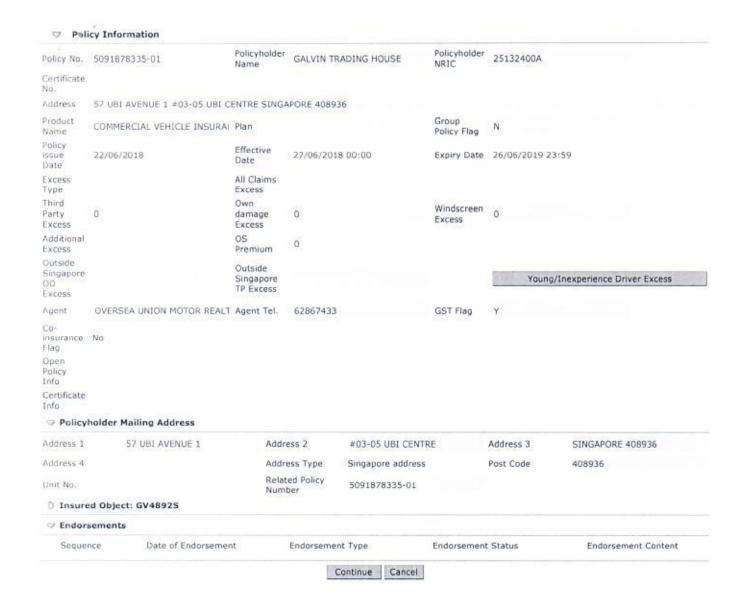








eBaoTech					三			Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601					· Change	Language	+ Chan	ge Password	• Log Ou
My Desktop	Policy Quer	У								
Notice of Loss	Policy No.				Date	of Accident		26/11/2018	13:00	
	Vehicle No.(For M	otor) GV4892	ès.		Certif	icate Number	Ţ			
					Search					
	Select Policy N	o. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 50918783	35-	GALVIN TRADING HOUSE	25132400A	GCV	Third Party, Fire & Theft	GV48925	GV48925	27/06/2018	26/06/2019
					Continue	J				



Claim Handling					
Accident MT/1021470					
Pokry No.	5091878335-01	Vehicle No.	GV48928	GST Registration No.	
Certificate No.					
Policyholder Name	GALVIN TRADING HOUSE			Policyholder NRIC	25132400A
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96826951	Contact No. (Office)	0	Contact No.(Home)	0
Frank Address		Special Remark		eCode	11. V
KIK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	(200.70)
NCD Protection	No				10235
Accident Details	NO.	NCD Entitlement(%)	0	Private Hire	No
Report Date	26/11/2018 19:07	Accident Report Within 24 hm.	Yes	Accident Type	Side Swipe
Date of Accident	20/11/2010	Time of Academ hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Lucation	57 081 AVE 1				
₩ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Innamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
@ Benefits					
GST Registered Informa	ation				
31 Aegistered	No		GST Registration Date		
ST Registration No.			GST Status Ventiled	No	
Application restory					
Policyholder Mailing Ad	dress				
voidress 1	57 LIBE AVENUE 1	Address 2	#03-05 USI CENTRE	Address 3	SINGAPORE 408936
Address 4		Address Type	Singapore address	Post Code	408936
INTWO		Related Policy Number	5091878335-01	Total Cale	40030
OI Oriver Info		Section - sect tentimes	3074070333704		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Installed driver Name	YEO KOH SIONG	Driver NRIC	50169679F	Driver DOB	18/12/1949
against Date of Dover License		Driver Age	0.0	Driving Expenence	51
kimskt No.(Mobile)	96826961		0		
ddrana 1		Contact No. (Office)		Contact No. (Home)	0
	BLK 118	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYON VIEW
Address 4	SINGAPORE 310118	Address Type	Singapore address	Post Code	310118
JAYE NO.	02-431				
Sties he own a Singapore registered car?	☐ Yes () No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Freathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No		
to diffication History					
CONTROL PRINTY					
Claim 001 New					
	100				
Jaim Type +	00-MX	Insured Name	GALVIN TRADING HOUSE	Imured NRIC	25132400A
ortact No. (Mobile)		Contact No. (Home)		Contact No.(Office)	NDL
mel Address		OI Vehicle Number	GV48925	TP Vehicle Number	FBH7935R
laimant Type Claimant Type •	Please Select V	Type of Benefit *	Please Select		
lament Name *	22	Claimant NRIC +			
Nimers Address		THE RESERVE TO SERVE			
laim Description	GV48925 / FBH7935R ON 26 Nov 201	8		Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Pault	normalization and 30%	
o equire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ste Registered	26/11/2018 19:10	Claim Close Date	The training, water untroud		And the second s
		Claim Code Date		Date Received	26/11/2018 00:00
eport Taken By	Jackson				
Print AK letter					
		9	Save Suomit		
Attachment		U.	STATE OF THE PARTY		
- Andrews					
w.					
coderé No.	MT/1021470	Claim No.	001		
ast Doc. Received	⊕ Yes ○ No	Upload Date			
The state of the s		uposo uses	26/11/2018 19:11		
	Path *	Sing	Category *	Confidential Urgen	
		Browse.	Clear Please Select	V Normal	
		Browse.	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	▼ [a] V Normal	
			Taxable Co.		

